

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25980

Reg. 15 1041751 District No. Primary Registration District No. 5990 Registrar's No.

1. PLACE OF DEATH:

(a) County Repley  
(b) City or town Shannon Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. - (Specify whether)  
In this community. - years, months or days

3. (a) PRINT FULL NAME

no name

3. (b) If veteran, name war. -

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single; widowed, married, divorced, or single single  
6. (b) Name of husband or wife Elbert Harne 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Feb 12 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 hr. ✓ min.

9. Birthplace Repley Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation child at home

11. Industry or business

12. Name Elbert Harne  
13. Birthplace Repley Co Mo (City, town, or county) (State or foreign country)  
14. Maiden name Stu Stephens  
15. Birthplace Woodruff Co Ark (City, town, or county) (State or foreign country)

16. (a) Informant Elbert Harne  
(b) Address Wagler  
17. (a) Burial (b) Date thereof 7/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Baton Rouge

18. (a) Signature of funeral director Mrs. M. M. M. M.  
(b) Address Wagler  
19. (a) 7/18/41 (b) Elbert Harne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Repley  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Shannon Township  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Feb  
year 1941 hour 5 minute 52 M.

21. I hereby certify that I attended the deceased from 7/7/41 to 7/18/41, 1941;  
that I last saw him alive on 7/12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death congenital deformity  
abdominal wall folded  
to stone at umbilicus  
which was a very bad  
injury.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations -

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence ✓  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature 7/7/41 (M. D. or other)  
Address Wagler no Date signed 7/18/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25980

Registration District No. 151

Primary Registration District No. 5990

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Shubert twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME no name Horne

3. (b) If veteran, / name war. 3. (c) Social Security No. 0

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced. 5

6. (b) Name of husband or wife Albert Horne 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb 12 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 20 1941 (b) Steenbuck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 18 Year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY  
child name before naming

